Name) Please Print Name) Please Print Name Please Please Print Name Please Please Print Name Please P	- 1	OUR BILLING REFERENCE INFORMATION	PAYMENT dissender Bill Recipient's Foliax Acct No	CHECK ONLY ONE BOX	Descript Delivery 6		Courier-Pak Overnight Envelope 1 12" x 15%" Overnight Box A	Downight Tube B 38"x 6"x 6"x 6"x 6"x 6"x 6"x 6"x 6"x 6"x 6	STANDARD AIR Delivery not law than second business day	SENTIFIE CUMMING I MEM! PROPEY 1 - Delivery is scheduled early next business morning in most locations it may take two or more business days if the facilities in a roughly and committee or to make any committee or to make	destination is octaide our primary service areas. STANDARD AIR - Delivery is generally need business day or not team their second business day. It may take three or more business day. It may take three or more business days it the destination is outside our primary service areas.	Sender authorizes Federal Express to deliver this shopment without obtain and had framess Federal Express from any claims resulting therefron Refeate Signature:
Nour Your AFF AL	State	ON (FIRST 24 CHARACTERS WILL APPE	edit Acci No	DELIVERY AND SPECIAL HANDLING CHECK SERVICES REQUIRED	MOLD FRE PICK-UP	2 CA GELIVER WEEKAAY	3 SECTIVER SATURDAY (can drugs) 4 AMBEROUS GOODS Fit and Sharand Av Packson only Extra charge)		7 OTHER SPECIAL SERVICE	9 SATURDAY PICK-UP	10 (Estra charge)	Express to deliner this shapment without obtaining a delinery algreture and shall indemnity. Express from any cleans resulting treations.
Comp	City			POUR DECLARED	20.5			Total Total Total	Received At 1 © Regular Stop 2 © On-Call Stop	Drop Box B.S.C. Station Federal Express Corp. Employee No.	Coordin Lapress Coop, Limprojos Inc.	Date/Time For Federal Express Use
nstanteh	South Bearborn Sa	Street Address (See Service Guide or C	City		Emp. No. Date	Cash Received	- Third Party Crop To Dat. Sirred Address:		City	Received By:	X Date/Time Received FedEx Emplo	
	_	4		Ongin Agent Charge			Crop To Hold Other		Zip I otal Charges	PART #106001 REV		
Your Phone Number (Very Important) Company Department/Floor No.	ZIP Required For Correct Invoicing City 230 SOUTH DEAT DOTH SALGEST ZIP Street Address Zip Required	PRES LOCATION: 11 800-238-5355)	City State Declared Value Charge	rows arestable over ZIP * Zip Code of Street Address Required state Ongin Agent Charge	Emp. No.		Indigen Address	Total Total Total	Received At City State Zip 1 C Regular Stop 2 C On-Call Stop	Drop Box BSC. Station Federal Express Corp. Employee No.	Date/Time Received FedEx Employee Number	hing a delivery signature and shall indern hity. Date / Time For Federal Express ∪se